

Network Adequacy Standards for Qualified Health Plans Marketed in the Silver State Health Insurance Exchange

Section I. A carrier that is participating in the Silver State Health Insurance Exchange (Exchange) by offering a network plan shall use best efforts to maintain each product provider network in a manner that is sufficient in numbers and types of health care providers, including providers that specialize in mental health and substance abuse services, to assure that all health care services to covered persons will be accessible without unreasonable delay. Each covered person shall have adequate choice among each type of health care provider. In the case of emergency services, covered persons shall have access 24 hours a day, 7 days a week. A carrier shall monitor, on an ongoing basis, the ability and clinical capacity of its network providers and facilities to furnish health care services to covered persons. Provider directories shall be updated on-line no less than every 90 days and filed with the Division of Insurance in SERFF.

Section II. Each carrier shall complete the “Network Access Plan Cover Sheet Template” in SERFF and include it in the Binder submission. Additionally; each carrier shall attest that its network(s) will meet these requirements by January 1, 2014, and at all times thereafter. An attestation form of compliance with network adequacy standards will be required to be signed by an officer of the company and submitted to the Commissioner of Insurance “Commissioner” on or before January 1st of each subsequent year. *An attestation form can be obtained on the Division of Insurance website.* A carrier shall use best efforts to provide notice of any significant change in the network to the Commissioner within 60 days of the change taking affect. If the significant change results in a deficiency in the network, the notification must include a corrective action plan by the carrier to resolve the deficiency. Failure to provide such notification may lead to the suspension or termination of your participation in the Exchange. Additionally, an administrative fine may be assessed for each violation. The carrier shall have the right to appeal the decision and submit a corrective action plan to the Commissioner for consideration.

Section III. In any case where the carrier has an absence of or an insufficient number or type of participating providers or facilities to provide a particular covered health care service, the carrier shall use best efforts to ensure through referral by the primary care provider or otherwise that the covered person obtains the covered service from a provider or facility within reasonable proximity of the covered person at no greater cost to the covered person than if the service were obtained from network providers and facilities, or shall make other arrangements acceptable to the Commissioner.

Section IV. Each carrier shall use best efforts to establish and maintain adequate arrangements to ensure reasonable proximity of network providers and facilities to the business or personal residence of covered persons. Carriers shall make reasonable efforts to include providers and facilities in networks in a manner that limits the amount of travel required to obtain covered benefits. In determining whether a carrier has complied with this provision, the Commissioner will give due consideration to the relative availability of health care providers or facilities in each geographic area using standards that are realistic

for the community, the delivery system and clinical safety. Relative availability includes the willingness of providers or facilities in the geographic area to contract with the carrier under reasonable terms and conditions.

Section V. The carrier shall disclose to all covered persons that limitations or restrictions to access of participating providers and facilities may arise from the health care service referral and authorization practices of participating providers and facilities. The carrier shall provide instructions to covered persons as to how they can receive details about such practices from their primary care provider or through other formally established processes.

Section VI. A carrier that is participating in the Exchange shall use best efforts to maintain arrangements that ensure that American Indians and Native Alaskans who are covered persons have access to Indian health care services and facilities that are part of the Indian Health Care System (IHS). Carriers shall ensure that such covered persons may obtain covered services from the Indian health care system at no greater cost to the covered person than if the service were obtained from network providers and facilities. Carriers are not responsible for credentialing providers and facilities that are part of the Indian health care system. A carrier may use the HHS Standard Indian Addendum when contracting with Indian providers. Nothing in this subsection prohibits a carrier from limiting coverage to those health care services that meet the standards for medical necessity, care management, and claims administration, or from limiting payment to that amount payable if the health care service were obtained from a network provider or facility.

Section VII. A carrier that is participating in the Exchange shall use best efforts to have a sufficient number and geographic distribution of Essential Community Providers (ECPs), where available, to ensure reasonable and timely access to a broad range of such providers for low-income, medically underserved individuals in the geographic area. Sufficient number and geographic distribution is defined as “at least 20 percent of available ECPs in the plan’s geographic area participating in the applicant’s provider network; or at least 10 percent of available ECPs in the plan’s geographic area participating in the applicant’s provider network(s)”. A narrative justification must be included as part of the Qualified Health Plan application; or applicants that provide a majority of covered services through employed physicians or a single contracted medical group must have the equivalent number of provider locations in Health Professional Shortage Areas and low-income zip codes. You can find a list of ECPs for Nevada at: <https://data.cms.gov/dataset/Non-Exhaustive-List-of-Essential-Community-Providers/ibqy-mswg>

Section VIII. Adequacy of choice may be established by the carrier with reference to any reasonable criteria used by the carrier, including but not limited to: Provider-to-covered-person ratios by specialty, primary-care-provider-to-covered-person ratios, geographic accessibility, waiting times for appointments with participating providers, hours of operation, and the volume of technological and specialty services available to serve the needs of covered persons requiring technologically advanced or specialty care. Any exceptions or deviations from the standards identified below (ratios and geographic accessibility) must be approved by Commissioner.

Section IX. Participating Provider Availability and Accessibility Standards

Accessibility standards have been developed to address the fact that population density in the carrier's geographic area varies from one defined market region to another. One set of standards for each type of geographic area (urban, rural, or frontier) will be addressed separately for each category. Each carrier must demonstrate that its network meets the established time and distance requirements. Carriers will be held accountable for meeting the standards described below.

PCP and OBGYN Accessibility Standards*:

Geographic Areas by County and
Minimum Number of providers with specialties
of:

Maximum Travel
Distance or Time

Internal Medicine, General Practice and Family
Practice - 1 provider for every 2,500
covered persons

OBGYN - 1 provider for every 2,500
covered persons

Note: Number of covered persons based on
female membership ages 14 and over

Pediatrics – 1 provider for every 2,500
covered persons

Note: Number of covered persons based on
membership ages 18 and under

Urban Counties

Carson City
Clark
Washoe

45 miles or 45 minutes

Rural Counties

Douglas
Lyon
Storey

60 miles or 1 hour

Frontier Counties

Churchill
Elko
Esmeralda
Eureka
Humboldt
Lander
Lincoln
Mineral
Nye

100 miles or 2 hours

*Availability of certain provider types may be limited within each county. Additionally, the availability of certain provider types may also be limited within certain cities/communities within a specific county. Every consideration, including established community patterns of care, will be given by the Commissioner to the relative availability of health care providers or facilities in the geographic area when determining if a carrier meets the above established network adequacy provider to member ratios and the travel standards as measured in distance or time as outlined above.

Telemedicine may be utilized in order to provide accessible care to meet the above network adequacy ratios and travel standards.

Urgent Accessibility Standards*:

Geographic Areas by County and
Minimum Number Providers/Facilities
with the specialties of:

Maximum Travel
Distance or Time

Urgent Care – 1 provider/facility for
every 5,000 covered persons

Urban Counties

Carson City
Clark
Washoe

45 miles or 45 minutes

Rural Counties

Douglas
Lyon
Storey

60 miles or 1 hour

Frontier Counties

Churchill
Elko
Esmeralda
Eureka
Humboldt
Lander
Lincoln
Mineral
Nye
Pershing
White Pine

100 miles or 2 hours

*Availability of certain provider types may be limited within each county. Additionally, the availability of certain provider types may also be limited within certain cities/communities within a specific county. Every consideration,

including established community patterns of care, will be given by the Commissioner to the relative availability of health care providers or facilities in the geographic area when determining if a carrier meets the above established network adequacy provider to member ratios and the travel standards as measured in distance or time as outlined above.

Telemedicine may be utilized in order to provide accessible care to meet the above network adequacy ratios and travel standards.

Emergent Accessibility Standards*:

Geographic Areas by County and
Minimum Number of Providers/Facilities
With the specialties of:

Maximum Travel
Distance or Time

Emergency Medicine – 1 provider/facility
For every 5,000 covered persons

Covered persons shall have access 24
hours a day, 7 days a week

Urban Counties

Carson City
Clark
Washoe

30 miles or 30 minutes

Rural Counties

Douglas
Lyon
Storey

60 miles or 1 hour

Frontier Counties

Churchill
Elko
Esmeralda
Eureka
Humboldt
Lander
Lincoln
Mineral
Nye
Pershing
White Pine

75 miles or 1.5 hours

*Air Ambulance may be medically necessary to provide accessibility without unreasonable delay.

Availability of certain provider types may be limited within each county. Additionally, the availability of certain provider types may also be limited within certain cities/communities within a specific county. Every consideration, including established community patterns of care, will be given by the Commissioner to the relative availability of

health care providers or facilities in the geographic area when determining if a carrier meets the above established network adequacy provider to member ratios and the travel standards as measured in distance or time as outlined above.

Telemedicine may be utilized in order to provide accessible care to meet the above network adequacy ratios and travel standards.

Mental Health and Substance Abuse Accessibility Standards*:

Geographic Areas by County and
Minimum Number of providers with the
specialties of:

Maximum Travel
Distance or Time

Mental Health - 1 provider/facility for
every 30,000 covered persons

Substance Abuse - 1 provider/facility for
30,000 covered persons

Urban Counties

Carson City
Clark
Washoe

30 miles or 30 minutes

Rural Counties

Douglas
Lyon
Storey

60 miles or 1 hour

Frontier Counties

Churchill
Elko
Esmeralda
Eureka
Humboldt
Lander
Lincoln
Mineral
Nye
Pershing
White Pine

90 miles or 1.5 hours

*Availability of certain provider types may be limited within each county. Additionally, the availability of certain provider types may also be limited within certain cities/communities within a specific county. Every consideration, including established community patterns of care, will be given by the Commissioner to the relative availability of health care providers or facilities in the geographic area when determining if a carrier meets the above established network adequacy provider to member ratios and the travel standards as measured in distance or time as outlined above.

Telemedicine may be utilized in order to provide accessible care to meet the above network adequacy ratios and travel standards.

Specialty Providers Accessibility Standards*:

Geographic Areas by County and
Minimum Number of providers
with the specialties of:

Maximum Travel
Distance or Time

Cardiology – 1 provider for every
7,500 covered persons

Dermatology – 1 provider for every
17,500 covered persons

Gastroenterology – 1 provider for
every 25,000 covered persons

Hematology/Oncology – 1 provider
for every 17,500 covered persons

Nephrology – 1 provider for every
10,000 covered persons

Ophthalmology – 1 provider for
every 27,500 covered persons

Orthopedics (General, Hand, and
Neurosurgery) 1 provider for every
10,000 covered persons

Otolaryngology – 1 provider for
every 25,000 covered persons

Pulmonology – 1 provider for
every 20,000 covered persons

Surgery (General, Cardiovascular,
Cardiothoracic, Vascular and
Colorectal) – 1 provider for every
12,500 covered persons

Urology – 1 provider for every
25,000 covered persons

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|--------------------------|------------------------|
| <u>Urban Counties</u> | |
| Carson City | 60 miles or 60 minutes |
| Clark | |
| Washoe | |
| <u>Rural Counties</u> | |
| Douglas | 90 miles or 1.5 hours |
| Lyon | |
| Storey | |
| <u>Frontier Counties</u> | |
| Churchill | 180 miles or 3 hours |
| Elko | |
| Esmeralda | |
| Eureka | |
| Humboldt | |
| Lander | |
| Lincoln | |
| Mineral | |
| Nye | |
| Pershing | |
| White Pine | |

*Availability of certain provider types may be limited within each county. Additionally, the availability of certain provider types may also be limited within certain cities/communities within a specific county. Every consideration, including established community patterns of care, will be given by the Commissioner to the relative availability of health care providers or facilities in the geographic area when determining if a carrier meets the above established network adequacy provider to member ratios and the travel standards as measured in distance or time as outlined above.

Telemedicine may be utilized in order to provide accessible care to meet the above network adequacy ratios and travel standards.

Section X. Provider Network Adequacy Goals:

- To offer an adequate number and type of contracted or participating providers to meet the health care needs of the covered persons.
- To offer a network of participating providers that is geographically accessible to covered persons.
- The number of network providers of different types will vary from one geographic area/county to another. The Carrier will contract with sufficient providers of all types necessary to provide a full range of covered services using standards that are realistic for the community, the delivery system and clinical safety.

- Compliance with the distance standards will be achieved if 95 percent of the population of the geographic service area or existing HMO membership is within the distance standards of the providers with whom the Carrier contracts.
- The minimum distance standards for PPO insureds will be achieved if 50 percent of the population of the geographic service area or the Carrier's enrolled membership is within the distance standards of the providers with whom the Carrier contracts.
- The Carrier shall provide a wide choice of accessible physicians, facilities and ancillary providers whenever and wherever there is an adequate number of such health care providers practicing in the defined geographic area or county.

Section XI. Provider Network Requirements:

- Be adequate in numbers and types of providers to meet the full range of health care service needs of the enrolled population.
- Include at least one community hospital; where one is available.
- Comply with the Essential Community Provider requirement.
- Use best efforts to include at least 50 percent of the primary care physicians with active staff privileges or hospital admitting privileges or agreements of the contracted community hospital, within each county or multi-county region.
- Include, within each county or multi-county region, enough primary care and specialty care physicians to provide covered persons a choice of physicians.
- A provider directory must be available for publication online and to potential enrollees in hard copy upon request. An HMO/POS provider directory must identify primary care providers that are not accepting new patients.